PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DECLARATION FOR LITH ITY OR | Attorney Docket Number | M081 | |
|--|------------------------|-------------------|--|
| DECLARATION FOR UTILITY OR DESIGN | First Named Inventor | Mallikarjunaswamy | |
| PATENT APPLICATION | COMPLETE IF KNOWN | | |
| (37 CFR 1.63) | Application Number | | |
| + Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required) | Filing Date | | |
| | Art Unit | | |
| | Examiner Name | | |

| | requirea) | CXAMMIE NAME | <u> </u> | |
|--|-------------------------------|-------------------------------------|-------------------------|---------------------------------|
| As the below named inventor, I here | by declare that: | | | |
| My residence, mailing address, and citizenship are as stated below next to my name. | | | | |
| I believe I am the original and first inve | entor of the subject matter w | hich is claimed and for w | nich a patent is soug | ht on the invention entitled: |
| ESD PROTECTION FOR | R INTEGRATED CIR | CUITS | | |
| | | | | · |
| the specification of which | (Title of the Ir | nvention) | | |
| + is attached hereto | | | | |
| OR was filed on (MM/DD/YYYY) | | as United States | Application Number | or PCT International |
| Application Number | and was amende | ed on (MM/DD/YYYY) | | (if applicable). |
| I hereby state that I have reviewed an any amendment specifically referred to | d understand the contents o | of the above identified spe | cification, including t | he claims, as amended by |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
| | | | | |
| Additional foreign application nu | ımbers are listed on a suppl | emental priority data she | et PTO/SB/02B attac | hed hereto: |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Number or Bar Code Label | | OR + Corr | espondence address below | |
|---|-----------------------|-------------------------------|--------------------------|--|
| Name Eugene H. Valet, ValetPatents | | | | |
| 314 10th Avenue South | | | | |
| City Edmonds | St | ate WA | ZIP 98020-3312 | |
| Country USA Telep | phone 425-67 | 2-3147 | 425-640-0525 Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | A petition has | been filed for this unsign | ned inventor | |
| Given Name SHEKAR (first and middle [if any]) | | mily Name MAŁŁIKAF Surname | JUNASWAMY | |
| Inventor's Signature Date Sept. 8,20 | | | Sept. 8,2003 | |
| San Jose Residence: City | State CA | Country USA | Citizenship | |
| Micrel, Inc., 1849 Fortune Dr., Legal Dept., San Jose CA 95131 | | | | |
| San Jose City | State CA | ZIP 95131 | USA Country | |
| NAME OF SECOND INVENTOR: | | | | |
| Given Name (first and middle [if any]) Family Name or Surname | | | | |
| Inventor's ·Signature | | | Date | |
| Residence: City | State | Country | Citizenship | |
| Mailing Address | | | | |
| City | State | ZIP | Country | |
| Additional inventors are being named on thesu | polemental Additional | Inventor(s) sheet(s) PTO/SE | 3/02A attached hereto. | |

| Please type a plus sign (+) inside this box | | 4 | l |
|---|---|---|---|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | | ł |

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

| POWER OF | ATTORN | EY OR |
|-----------------|---------------|--------------|
| AUTHORIZA | TION OF | AGENT |

| Application Number | |
|------------------------|-------------------|
| Filing Date | |
| First Named Inventor | Mallikarjunaswamy |
| Title | Inventor |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | M081 |

| I hereby appoint: | | (| |
|--|--|-------------------------------------|---|
| Practitioners at 0 OR Practitioner(s) na | Customer Number med below: | → | Place Customer Number Bar Code Label here |
| | Name | Registra | tion Number |
| | it Tortolano | 31433 | |
| Eugene H. | Valet | 31435 | |
| | | <u> </u> | |
| | | | |
| as my/our attorney(s) or business in the United S | agent(s) to prosecute the application id States Patent and Trademark Office con | entified above, nected therewith | and to transact all h. |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here | | | |
| Firm <i>or</i> Individual Name | | | |
| Address | | | |
| Address | | | |
| City | · | State | Zip |
| Country | | | |
| Telephone | | Fax | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| SIGNATURE of Applicant or Assignee of Record | | | |
| Name She | kar Mallikarjunaswamy | | |
| Signature | $\bigcirc \circ \bigcirc \bigcirc \circ \bigcirc$ | | |
| Date Sept. 8, 2003 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| | rms are submitted. | | |